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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	John	
		First name	First name
		R.	
	license or passport).	Middle name	Middle name
	Bring your picture	Pawley	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6255	

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Document Case number (if known) Debtor 1 John R. Pawley

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)			
		EINs	EINs			
5.	Where you live	3346 S. Wallace St., Apt. 1	If Debtor 2 lives at a different address:			
		Chicago, IL 60616  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook	Number, Street, Sity, State & Zii Code			
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Par		Your Bankruptcy Case					
7.	The chapter of the Bankruptcy Code you are choosing to file under						
	choosing to the under	Chapter 7					
		☐ Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
8.	How you will pay the fee	you will pay the fee  I will pay the entire fee when I file my petition. Please check with the clerk's office in your local or about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashi order. If your attorney is submitting your payment on your behalf, your attorney may pay with a cred a pre-printed address.					
					rallments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individuals to Pay	
			_		,	only if you are filing for Chapter 7. By law, a judge ma	
		b a	ut is not req pplies to yo	uired to, waive y ur family size an	our fee, and may do so only if you d you are unable to pay the fee in	ur income is less than 150% of the official poverty line to installments). If you choose this option, you must fill outial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	□ No.	Go to I	ine 12.			
	residence:	Yes.	Has yo	our landlord obta	lined an eviction judgment against	t you and do you want to stay in your residence?	
			•	No. Go to line	12.		
				Yes. Fill out <i>Ini</i> bankruptcy pet		Judgment Against You (Form 101A) and file it with this	

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Case number (if known) Document Debtor 1 John R. Pawley

	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	o Part 4.				
		☐ Yes.	Name	e and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any				
	If you have more than one sole proprietorship, use a separate sheet and attach		Numl	ber, Street, City, State & ZIP Code				
	it to this petition.		Chec	ck the appropriate box to describe your business:				
				Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as defined in 11 U.S.C. § 101(53A))				
				Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation in 11 U.S	. If you in s, cash-f .C. 1116	nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure $S(1)(B)$ .  not filing under Chapter 11.				
	For a definition of small	No.		g				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
		☐ Yes.	I am	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
		Have Any	Hazard	ous Property or Any Property That Needs Immediate Attention				
Part	4: Report if You Own or	nave Any						
	Do you own or have any							
Part 14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is	the hazard?				
	Do you own or have any property that poses or is alleged to pose a threat	■ No.	If imme	the hazard?  Idiate attention is I, why is it needed?				

Debtor 1 John R. Pawley

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Part 5:

**Explain Your Efforts to Receive a Briefing About Credit Counseling** 

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

## About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-08712 Doc 1 Filed 03/14/16 Entered 03/14/16 15:43:31 Desc Main 3/14/16 3:24PM Page 6 of 62 Document Case number (if known) Debtor 1 John R. Pawley Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities

□ \$50,001 - \$100,000 □ \$100,001 - \$500,000

□ \$500,001 - \$1 million

□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million □ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion

## Part 7:

For you

to be?

Sign Below

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ John R. Pawley Signature of Debtor 2 John R. Pawley Signature of Debtor 1

Executed on March 14, 2016 MM / DD / YYYY

Executed on

MM / DD / YYYY

Document

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Case number (if known)

Debtor 1 John R. Pawley

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	March 14, 2016
Signature of Attorney for Debtor	<del></del>	MM / DD / YYYY
David M. Siegel		
Printed name		
David M. Siegel & Associates		
Firm name		
790 Chaddick Drive		
Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611		
Bar number & State		<del></del>

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Page 8 of 62 Document Fill in this information to identify your case: Debtor 1 John R. Pawley First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number

☐ Check if this is an amended filing

## Official Form 106Sum

(if known)

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file

ı a	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,720.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,720.00
Pai	t 2: Summarize Your Liabilities		
			<b>abilities</b> t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,079.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	33,962.00
	Your total liabilities	\$	35,041.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	891.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,375.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal,	family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 John R. Pawley Document Page 9 of 62 Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,079.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	1,079.00

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3/14/16 3:24PM Document Page 10 of 62 Fill in this information to identify your case and this filing: Debtor 1 John R. Pawley Middle Name Last Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ■ No ☐ Yes 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ☐ No Yes. Describe..... **Household Goods & Furniture** \$400.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

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Debtor 1	John R. Pawley	——————————————————————————————————————	Case number (if kno	wn)
	TV & Electro	nics		\$500.00
	<u> </u>			
Examp ■ No	ibles of value bles: Antiques and figurines; painting other collections, memorabilia,  . Describe	gs, prints, or other artwork; books, pictures, or one of the control of the contr	other art objects; stamp, o	coin, or baseball card collections;
Examp —	nent for sports and hobbies oles: Sports, photographic, exercise musical instruments	e, and other hobby equipment; bicycles, pool tal	bles, golf clubs, skis; cand	pes and kayaks; carpentry tools;
■ No □ Yes	. Describe			
■ No	ms aples: Pistols, rifles, shotguns, amm  Describe	unition, and related equipment		
□ No		er coats, designer wear, shoes, accessories		
	Normal Appa	arel		\$300.00
13. Non-fa  Exam  No  ☐ Yes  14. Any o  ☐ No	·	ms you did not already list, including any he	ealth aids you did not lis	it
☐ Yes	. Give specific information			
		tries from Part 3, including any entries for pa	ages you have attached	\$1,200.00
Part 4: Do	escribe Your Financial Assets			
Do you o	wn or have any legal or equitable	e interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	aples: Money you have in your walle	et, in your home, in a safe deposit box, and on l	hand when you file your p	etition
Exam □ No	institutions. If you have multip	inancial accounts; certificates of deposit; share: ple accounts with the same institution, list each		ge houses, and other similar
Yes		Institution name:		

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Case number (if known) Document Debtor 1 John R. Pawley

	17.1.	Checking	Chase Bank		\$20.00
18. <b>Bonds, mutual fund</b> <i>Examples:</i> Bond fund			kerage firms, money market accounts	S	
■ No □ Yes		Institution or issuer r	name:		
19. Non-publicly traded joint venture	stock and i	nterests in incorpo	orated and unincorporated business	ses, including an interest in an Ll	LC, partnership, and
■ No					
☐ Yes. Give specific		about them ne of entity:		% of ownership:	
Negotiable instrumer	nts include p	ersonal checks, cash	tiable and non-negotiable instrumer hiers' checks, promissory notes, and n nsfer to someone by signing or deliver	money orders.	
Yes. Give specific in		bout them er name:			
21. Retirement or pension Examples: Interests in No.			03(b), thrift savings accounts, or other	r pension or profit-sharing plans	
Yes. List each acco		ely. of account:	Institution name:		
	sed deposits	s you have made so	that you may continue service or use public utilities (electric, gas, water), tele		hers
■ Yes			Institution name or individual:		
	Renta	ıl deposit	Security Deposit		\$500.00
23. <b>Annuities</b> (A contract	for a period	lic payment of mone	y to you, either for life or for a number	r of years)	
* * *	Issuer name	e and description.			
24. <b>Interests in an educa</b> 26 U.S.C. §§ 530(b)(1 ■ No			ualified ABLE program, or under a q	qualified state tuition program.	
	Institution n	ame and description	. Separately file the records of any into	erests.11 U.S.C. § 521(c):	
25. Trusts, equitable or ■ No	future inter	ests in property (ot	ther than anything listed in line 1), a	and rights or powers exercisable	for your benefit
☐ Yes. Give specific	information a	about them			
			d other intellectual property ds from royalties and licensing agreem	nents	
☐ Yes. Give specific	information a	about them			
27. Licenses, franchises  Examples: Building p  ■ No			s erative association holdings, liquor lice	enses, professional licenses	
☐ Yes. Give specific	information a	about them			
Money or property owe	d to you?				rrent value of the

Official Form 106A/B

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Case number (if known) Document Debtor 1 John R. Pawley 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ☐ Yes. Give specific information..

No

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$520.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

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Case number (if known) Document John R. Pawley

53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 Part 3: Total personal and household items, line 15 57. \$1,200.00 Part 4: Total financial assets, line 36 58. \$520.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... Copy personal property total \$1,720.00 \$1,720.00

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

Debtor 1

\$1,720.00

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Fill in this inform	mation to identify your	case:		
Debtor 1	John R. Pawley			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _ (if known)				☐ Check if this is an amended filing
				amonaca ming

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exem	ptions are	you claiming?	Check one only	, even if	your spouse is	filing with	vou.
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- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Household Goods & Furniture Line from Schedule A/B: 6.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)
Line IIom Schedule A.B. G. I			100% of fair market value, up to any applicable statutory limit	
TV & Electronics Line from Schedule A/B: 7.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Line IIom Schedule A.B. 1.1			100% of fair market value, up to any applicable statutory limit	
Normal Apparel	\$300.00		\$300.00	735 ILCS 5/12-1001(a)
Line from Generale A.E. TTT			100% of fair market value, up to any applicable statutory limit	
Checking: Chase Bank Line from Schedule A/B: 17.1	\$20.00		\$20.00	735 ILCS 5/12-1001(b)
Line IIom Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
Rental deposit: Security Deposit Line from Schedule A/B: 22.1	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
Line nom Schedule A/D. ZZ. I			100% of fair market value, up to any applicable statutory limit	

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3. Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

No

		TATALITY.		
Fill in this infor	mation to identify your	case:		
Debtor 1	John R. Pawley			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

# Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - $\square$  Yes. Fill in all of the information below.

Document Page 18 of 62 Fill in this information to identify your case: Debtor 1 John R. Pawley Middle Name Last Name First Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount 2.1 Illinois Department of Revenue \$1,079.00 \$1,079.00 \$0.00 Last 4 digits of account number Priority Creditor's Name **Bankruptcy Section** When was the debt incurred? PO Box 64338 Chicago, IL 60664-0338 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes **Income Taxes** Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Total claim

Part 2.

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of

Document

Page 19 of 62 Case number (if know) Debtor 1 John R. Pawley

4.1	AT&T	Last 4 digits of account number 5151	\$53.00
	Nonpriority Creditor's Name  Bankruptcy Dept	When was the debt incurred?	
	6021 S. Rio Grande Ave, 1st Floor		
	Orlando, FL 32809-4613  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Services	
4.2	B45P Preferred Inpt Medical PG	Last 4 digits of account number 5520	\$102.00
	Nonpriority Creditor's Name PO Box 26069	When was the debt incurred? 8/14	
	Tampa, FL 33623-6069		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3	B54p Preferred Inpt Medical Pg	Last 4 digits of account number	\$102.00
	Nonpriority Creditor's Name PO Box 26069	When was the debt incurred?	
	Tampa, FL 33623-6069  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	
		1 - 2	

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4.4 \$778.00 Cap One Last 4 digits of account number 0586 Nonpriority Creditor's Name Bankruptcy Dept. When was the debt incurred? 12/11 - 6/15 PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.5 Capital One Bank USA Last 4 digits of account number 3044 \$1,148.00 Nonpriority Creditor's Name PO Box 30281 When was the debt incurred? 5/11 - 6/15 Salt Lake City, UT 84130-0281 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.6 **Carmax Auto Finance** \$9,107.00 1304 Last 4 digits of account number Nonpriority Creditor's Name PO Box 440609 When was the debt incurred? 1/12 - 6/15 Kennesaw, GA 30160 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts **Auto Deficiency** ■ Other. Specify 2010 Dodge Avenger ☐ Yes

Debtor 1 John R. Pawley

Debtor 1 John R. Pawley

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Castle Pay Day	Last 4 digits of account number		\$0.00			
Nonpriority Creditor's Name PO Box 259	When was the debt incurred?	When was the debt incurred?  As of the date you file, the claim is: Check all that apply				
Watersmeet, MI 49969 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:				
☐ Check if this claim is for a community	☐ Student loans					
debt	☐ Obligations arising out of a separ	ration agreement or divorce that you did not				
Is the claim subject to offset?	report as priority claims					
■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
Yes	Other. Specify NOTICE ON	LY				
CCS/First National Bank	Last 4 digits of account number	3192	\$1,062.00			
Nonpriority Creditor's Name 500 E. 60th St. Sioux Falls, SD 57104	When was the debt incurred?	12/11 - 7/15				
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is					
■ Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans					
Debtor 1 and Debtor 2 only						
☐ At least one of the debtors and another						
☐ Check if this claim is for a community						
debt Is the claim subject to offset?	Obligations arising out of a separ					
■ No	Debts to pension or profit-sharing					
Yes	Other. Specify Purchases					
Chase Card	Last 4 digits of account number	7452	\$3,902.00			
Nonpriority Creditor's Name  Bankruptcy Department  PO Box 15298	When was the debt incurred?	3/14 - 6/15				
Wilmington, DE 19850  Number Street City State Zlp Code	As of the date you file, the claim is					
Who incurred the debt? Check one.	_					
Debtor 1 only						
Debtor 2 only						
Debtor 1 and Debtor 2 only						
At least one of the debtors and another						
☐ Check if this claim is for a community debt						
Is the claim subject to offset?						
■ No						
□ Yes	■ Other Specify Purchases	ses				

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4.1	Chase Card	Last 4 digits of account number 7505	\$1,016.00		
	Nonpriority Creditor's Name  Bankruptcy Department	When was the debt incurred? 8/11 - 6/15			
	PO Box 15298 Wilmington, DE 19850				
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not			
	No	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts			
	■ No □ Yes				
	Li res	Other. Specify Purchases			
4.1	Citi	Last 4 digits of account number 3443	\$2,042.00		
	Nonpriority Creditor's Name  Attn: Bankruptcy Department	When was the debt incurred? 9/14			
	PO Box 6241	3/14			
	Sioux Falls, SD 57717	_			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans			
	☐ Check if this claim is for a community debt				
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐Yes	■ Other. Specify Purchases			
4.1	Citi	Last 4 digits of account number 0829	\$2,028.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Department	When was the debt incurred? 2/13			
	PO Box 6241				
	Sioux Falls, SD 57717  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	No	Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes ☐ Other, Specify Purchases				

Debtor 1 John R. Pawley

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Debtor 1 John R. Pawley 4.1 Commonwealth Edison 0024 \$307.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? 2100 Swift Drive Oak Brook, IL 60523-1559 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Services 4.1 **Coventry Health Care** 0616 \$39.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? PO Box 2778 Bismarck, ND 58502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical ☐ Yes 4.1 First National CC (Legacy Visa) 2335 \$1,167.00 Last 4 digits of account number 5 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? PO Box 5097 Sioux Falls, SD 57117-5097 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical

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Lincoln Park Anes Pain Mgt	Last 4 digits of account number	8764	\$83
Nonpriority Creditor's Name PO Box 1123	When was the debt incurred?	11/14	
Jackson, MI 49204	_		
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
MCC Payment Plan, Inc.	Last 4 digits of account number	3458	\$90
Nonpriority Creditor's Name		0/4.4	
277 S. Bolingbrook road Bolingbrook, IL 60440	When was the debt incurred?	9/14	
Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	n plans, and other similar debts	
■ No	Other. Specify Loan	g plans, and other similar debts	
	— Other. Specify		
Mercy Physician Billing Nonpriority Creditor's Name	Last 4 digits of account number	0258	\$11
35072 Eagle Way Chicago, IL 60678-1350	When was the debt incurred?	2/15	
Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	g plans, and other similar debts	
☐ Yes	Other. Specify Medical		

Debtor 1 John R. Pawley

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Merrick Bank	Last 4 digits of account number 6782	\$1,316.00
Nonpriority Creditor's Name 10705 S. Jordan Gtwy Ste. 200 South Jordan, UT 84095	When was the debt incurred? 12/12 - 6/15	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Purchases	
Midwest Imaging Professionals	Last 4 digits of account number	\$6.00
Nonpriority Creditor's Name		
PO Box 23831	When was the debt incurred?	
Pittsburgh, PA 15250-7863 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Collections	
Nicor Gas	Last 4 digits of account number 8550	\$78.00
Nonpriority Creditor's Name		******
ALL MAIL GOES TO	When was the debt incurred?	
Bankruptcy Dept. PO Box 190 Aurora, IL 60507-0190		
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	□ B 1	
No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	

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4.2 Pathology Chp, S.C. 6048 \$72.00 Last 4 digits of account number 5 Nonpriority Creditor's Name PO Box 1509 When was the debt incurred? 11/14 Elgin, IL 60121-1509 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical 4.2 **Presence Health** 2308 \$452.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Patient Financial Services** When was the debt incurred? 1/15 1643 Lewis Ave, Ste 203 Billings, MT 59102-4151 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.2 **Resurrection Health Care** 7972 \$60.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Presence Medical Group When was the debt incurred? 19 Mollison Way Lewiston, ME 04240 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical ☐ Yes

Debtor 1 John R. Pawley

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4.2	Rush University medical Center	Last 4 digits of account number 9512	\$0.00
0	Nonpriority Creditor's Name 1725 W Harrison St.	When was the debt incurred?	<u> </u>
	Professional Building I		
	Chicago, IL 60612	-	
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	П	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify NOTICE ONLY	
4.2	Sure Safe Storage	Last 4 digits of account number	\$120.00
	Nonpriority Creditor's Name 728 N. Indiana Avenue Englewood. FL 34223	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Rent	
4.3			*
0	The II Center for Digestive & Liver	Last 4 digits of account number	\$273.00
	Nonpriority Creditor's Name 200 Fox Glen Court Barrington, IL 60010-1809	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	

Debtor 1 John R. Pawley

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4.3 1	Venice Regional Medical Center	Last 4 digits of account number	\$6,524.00								
Nonpriority Creditor's Name 540 The Rialto Venice, FL 34285  Number Street City State Zlp Code Who incurred the debt? Check one.		When was the debt incurred?									
		As of the date you file, the claim is: Check all that apply									
	Debtor 1 only	☐ Contingent									
	Debtor 2 only	□ Unliquidated									
	☐ Debtor 1 and Debtor 2 only	Disputed									
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:									
	☐ Check if this claim is for a community	☐ Student loans									
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims									
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts									
	Yes	Other. Specify Collections									
4.3	Verizon	Last 4 digits of account number	\$1,233.00								
	Nonpriority Creditor's Name  Bankruptcy Nat'l Recovery Dept	When was the debt incurred?									
	PO Box 26055 Minneapolis, MN 55426										
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply									
	Who incurred the debt? Check one.										
	Debtor 1 only	☐ Contingent									
Debtor 2 only		☐ Unliquidated									
	Debtor 1 and Debtor 2 only	☐ Disputed									
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?		Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims									
									■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
									Yes	■ Other. Specify Collections	
is tr hav noti	this page only if you have others to be notified rying to collect from you for a debt you owe to s e more than one creditor for any of the debts th ified for any debts in Parts 1 or 2, do not fill out	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For examp omeone else, list the original creditor in Parts 1 or 2, then list the collection agency at you listed in Parts 1 or 2, list the additional creditors here. If you do not have add or submit this page.	here. Similarly, if you								
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.4 of (Check one):	me								
Ban 4850	kruptcy Department ) Street Road, Suite 300	Part 2: Creditors with Nonpriority Unsecured									
nev	rose, PA 19053	Last 4 digits of account number									
	and Address	On which entry in Part 1 or Part 2 did you list the original creditor?									
AT& Rani	T kruptcy Dept.	Line 4.1 of (Check one):									
1585	5 Waukegan Road Ikegan, IL 60085-6727	■ Part 2: Creditors with Nonpriority Unsecured	Claims								
	· · · · · · · · · · · · · · · · · · ·	Last 4 digits of account number									
Name	e and Address	On which entry in Part 1 or Part 2 did you list the original creditor?									
AT&	T.	Line <u>4.1</u> of ( <i>Check one</i> ):	ms								
5407	kruptcy Dept. 7 Andrew Highway	■ Part 2: Creditors with Nonpriority Unsecured	Claims								
wiiai	and, TX 79706	Last 4 digits of account number									

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Debtor 1 John R. Pawley Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital 1 Bank Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Attn: General Correspondence** ■ Part 2: Creditors with Nonpriority Unsecured Claims Po Box 30285 Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Bank Usa N Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 15000 Capital One Dr Part 2: Creditors with Nonpriority Unsecured Claims Richmond, VA 23238 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One, N.A. Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 71083 Part 2: Creditors with Nonpriority Unsecured Claims Charlotte, NC 28272-1083 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Citi Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6500 Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117-6500 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Citi Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6500 ■ Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117-6500 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.11 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 769006 Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 769006 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Commonwealth Edison Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims **Bankruptcy Department** ■ Part 2: Creditors with Nonpriority Unsecured Claims 3 Lincoln Center Oak Brook Terrace, IL 60181-4204 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Commonwealth Edison Line 4.13 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6111 ■ Part 2: Creditors with Nonpriority Unsecured Claims Carol Stream, IL 60197-6111 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address **Diversified Consultants** Line 4.32 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 10550 Deerwood Park Blvd Part 2: Creditors with Nonpriority Unsecured Claims Jacksonville, FL 32256-0596 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? First Premier Bank Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3820 N. Louise Ave. Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57107 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **GC Services** Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims

Official Form 106 E/F

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Case number (if know)

DCD101 1 301	III N. Fawley		Oasc II	arriber (ii kilow	
Collection A PO Box 1389 Copperas Co			☐ Part 2: 0	Creditors with N	Nonpriority Unsecured Claims
		Last 4 digits of account number			
	rtment of Revenue Section Level 7-425 olph St.	On which entry in Part 1 or Part 2 did Line 2.1 of ( <i>Check one</i> ):  Last 4 digits of account number	Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
Name and Addre Linebarger ( Sampson Attorneys at PO Box 0614 Chicago, IL (	Goggan Blair & Law I0	On which entry in Part 1 or Part 2 did Line <b>2.1</b> of ( <i>Check one</i> ):  Last 4 digits of account number	■ Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
	al Services, LP vest Freeway, Suite	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one):	☐ Part 1: 0	Creditors with F	Priority Unsecured Claims Nonpriority Unsecured Claims
		Last 4 digits of account number			
Name and Address Merchants Credit Guide Co PO Box 1259 Oaks, PA 19456		On which entry in Part 1 or Part 2 did Line 4.23 of (Check one):	☐ Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
Oaks, I A 13	450	Last 4 digits of account number			
Name and Addre MiraMed Rev 991 Oak Cre Lombard, IL	venue Group ek Drive	On which entry in Part 1 or Part 2 did Line 4.26 of (Check one):  Last 4 digits of account number	☐ Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
Name and Addre Pasi PO Box 188 Brentwood,	ss TN 37024-0188	On which entry in Part 1 or Part 2 did Line 4.31 of (Check one):  Last 4 digits of account number	☐ Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
Attn: Presen	rvice Corporation ce Medical Group	On which entry in Part 1 or Part 2 did Line 4.27 of (Check one):	☐ Part 1: 0	Creditors with F	? Priority Unsecured Claims Nonpriority Unsecured Claims
		Last 4 digits of account number			
Name and Address Transworld Systems Inc. 507 Prudential Rd. Horsham, PA 19044		On which entry in Part 1 or Part 2 did Line 4.17 of (Check one):	☐ Part 1: 0	Creditors with F	Priority Unsecured Claims Nonpriority Unsecured Claims
		Last 4 digits of account number			
Part 4: Add	the Amounts for Each Type	of Unsecured Claim			
	unts of certain types of unsecur		al reporting	purposes onl	y. 28 U.S.C. §159. Add the amounts for each
	0. 5		•		otal Claim
Total claims	6a. Domestic support oblig		6a.	\$	0.00
from Part 1		r debts you owe the government	6b.	\$	1,079.00
	<ol><li>6c. Claims for death or per</li></ol>	sonal injury while you were intoxicated	6c.	\$	0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

0.00

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	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,079.00
				1	otal Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	33,962.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	33,962.00

Debtor 1 John R. Pawley

Page 33 of 62 Document Fill in this information to identify your case: Debtor 1 John R. Pawley First Name Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 James Elkins (Landlord)
3346 S, Wallace St., 1st Front
Chicago, IL 60616

State what the contract or lease is for
Monthly

		Docume	nt Page 34 o	f 62	3/14/16 3:24PN
Fill in this	information to identify your	case:			
Debtor 1	John R. Pawley				
Daletano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numl (if known)	ber				Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
ill it out, a our name		boxes on the left. Attach . Answer every question.	the Additional Page to	ion. If more space is needed, conthis page. On the top of any and as a codebtor.	
■ No					
□ Yes	<b>S</b>				
	hin the last 8 years, have you a, California, Idaho, Louisiana,			y? (Community property states a ngton, and Wisconsin.)	nd territories include
_	Go to line 3.  b. Did your spouse, former spouse.	ise, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make :	if your spouse is filing with yo sure you have listed the credito 6G). Use Schedule D, Schedule	or on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor to v Check all schedules that ap	•
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E, line	
				☐ Schedule G, line	
-	Number Street			_	

State

City

ZIP Code

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Fill	in this information to identify your c	ase:								
Del	otor 1 John R. Pav	vley								
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	T OF ILLINOIS							
	se number 				Check if this is:  An amended filing A supplement showing postpetition chapter 13 income as of the following date:					
0	fficial Form 106I					MM / DD/ Y	YYY			
S	chedule I: Your Inc	ome							12/15	
sup spo atta	as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment	are married and not filing wi	ng jointly, and your s th you, do not includ	pouse i	is liv matio	ng with you, incluen about your spo	ude inform use. If mo	nation about y ore space is ne	our eeded,	
1.	Fill in your employment									
	information.		Debtor 1			Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>☐ Employed</li><li>■ Not employed</li></ul>			☐ Emplo ☐ Not er				
	employers.	Occupation	Disabled							
	Include part-time, seasonal, or self-employed work.	Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed the	nere?							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	ou have nothing to re	port for	any I	ine, write \$0 in the	space. Inc	clude your non-	filing	
f yo	u or your non-filing spouse have me e space, attach a separate sheet to	ore than one employer, co	mbine the information	for all e	emplo	yers for that perso	n on the lir	nes below. If yo	ou need	
						For Debtor 1		otor 2 or ng spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	N/A		
3	Estimate and list monthly overt	ime nav		3	<b>⊅</b> ¢	0.00	<b>.</b> \$	NI/A		

Official Form 106I Schedule I: Your Income page 1

0.00

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	John R. Pawley	_	Case r	number (if known)			
				F	Dalitan 4	F D .!		
				For	Debtor 1		btor 2 or ng spouse	
	Cop	y line 4 here	4.	\$	0.00	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g.	Union dues	5g.	\$	0.00		N/A	
_	5h.	Other deductions. Specify:	5h.+	· —	0.00		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	N/A	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.00	\$	N/A	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm						
		Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	<u>\$</u> —	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		-				
		Include alimony, spousal support, child support, maintenance, divorce	0.0	œ	0.00	œ	<b>N1/A</b>	
	8d.	settlement, and property settlement.  Unemployment compensation	8c. 8d.	\$ \$	0.00	\$	N/A N/A	
	8e.	Social Security	8e.	\$—	891.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	891.00	\$	N/A	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		891.00 + \$	N	N/A = \$	891.00
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L.					
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your r friends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify:	depen		•	ed in <i>Sch</i> e	edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailes				. if it	12. \$	891.00
							Combine	
13.	Do y ■	ou expect an increase or decrease within the year after you file this form No.	?				monthly	mcome
		Yes. Explain:						

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			_		
Fill in	this information to identify your case:				
Debto	John R. Pawley			if this is:	
Debto	r 2 se, if filing)				ving postpetition chapter the following date:
United	d States Bankruptcy Court for the: NORTHERN DISTRICT OF	FILLINOIS	<u></u>	MM / DD / YYYY	
Case (If kno	numberwwn)				
Off	icial Form 106J		_		
Sc	hedule J: Your Expenses				12/15
Be a	s complete and accurate as possible. If two married per mation. If more space is needed, attach another sheet to ber (if known). Answer every question.	ople are filing together, be to this form. On the top o	ooth are equa of any addition	lly responsible fon nal pages, write y	or supplying correct your name and case
Part					
1.	Is this a joint case?				
	No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Ex</i>	penses for Separate Hous	ehold of Debto	or 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No
					☐ Yes
					☐ No
					☐ Yes
					□ No
					☐ Yes
	Do your expenses include expenses of people other than yourself and your dependents?				
Part :	Estimate Your Ongoing Monthly Expenses				
Estir expe	nate your expenses as of your bankruptcy filing date un nses as of a date after the bankruptcy is filed. If this is cable date.				
Inclu	de expenses paid for with non-cash government assis	tance if you know			
the v	alue of such assistance and have included it on <i>Sched</i> cial Form 106I.)			Your expe	enses
•	,				
	The rental or home ownership expenses for your residence payments and any rent for the ground or lot.	ence. Include first mortgag	ge 4. \$		500.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		0.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		0.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		0.00

4d. \$

0.00

0.00

4d. Homeowner's association or condominium dues

Additional mortgage payments for your residence, such as home equity loans

Debtor 1		John R. Pawley	Case num	ber (if known)	
6.	Utiliti	es:			
	6a.	Electricity, heat, natural gas	6a.	\$	300.00
	6b.	Water, sewer, garbage collection	6b.	\$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	150.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	150.00
8.	Child	care and children's education costs	8.	\$	0.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	25.00
10.		onal care products and services	10.	\$	0.00
		cal and dental expenses	11.	\$	100.00
12.	Trans	sportation. Include gas, maintenance, bus or train fare.			
	Do no	ot include car payments.	12.	\$	150.00
13.	Enter	tainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Chari	table contributions and religious donations	14.	\$	0.00
15.	Insur	ance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.			
		Life insurance	15a.		0.00
	15b.	Health insurance	15b.	\$	0.00
	15c.	Vehicle insurance	15c.	\$	0.00
	15d.	Other insurance. Specify:	15d.	\$	0.00
۱6.	Taxes	s. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	Speci	·	16.	\$	0.00
17.		Ilment or lease payments:			
		Car payments for Vehicle 1	17a.	\$	0.00
	17b.	Car payments for Vehicle 2	17b.	\$	0.00
	17c.	Other. Specify:	17c.	\$	0.00
		Other. Specify:	17d.	\$	0.00
8.		payments of alimony, maintenance, and support that you did not report as			0.00
		cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	·	0.00
9.		payments you make to support others who do not live with you.		\$	0.00
	Speci	·	19.		
<u>2</u> 0.		real property expenses not included in lines 4 or 5 of this form or on Sche			
		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.	· ·	0.00
		Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e.	Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other	r: Specify:	21.	+\$	0.00
2	Calci	late your monthly expenses			
		Add lines 4 through 21.		\$	1,375.00
		Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$ ———	1,575.00
					4 075 00
	22C. F	Add line 22a and 22b. The result is your monthly expenses.		\$	1,375.00
23.	Calcu	ılate your monthly net income.		L	
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	891.00
		Copy your monthly expenses from line 22c above.	23b.	-\$	1,375.00
		• • •			
	23c.	Subtract your monthly expenses from your monthly income.			40.4.00
		The result is your monthly net income.	23c.	\$	-484.00
24.	For ex	ou expect an increase or decrease in your expenses within the year after yo ample, do you expect to finish paying for your car loan within the year or do you expect your cation to the terms of your mortgage?			e or decrease because of a
	ПУ	Evolain here:			

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Fill in this infor	mation to identify your	case:			
Debtor 1	John R. Pawley				
Dahtan 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number _ (if known)					☐ Check if this is an amended filing
Official Form		ın Individual	Debtor's Scl	hedules	12/15
If two married pe	eople are filing togethe	r, both are equally respo	nsible for supplying corre	ect information.	
obtaining money		n connection with a banl	s or amended schedules. kruptcy case can result in		, concealing property, or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out ba	nkruptcy forms?	
■ No					
☐ Yes. N	Name of person				y Petition Preparer's Notice, Signature (Official Form 119)
	alty of perjury, I declare e true and correct.	that I have read the sum	mary and schedules filed	with this declaration and	i
X /s/ Joh	ın R. Pawley		X		

John R. Pawley Signature of Debtor 1

Date March 14, 2016

Signature of Debtor 2

Date

Fill i	n this inforn	nation to identify you	r case:								
Debt	or 1	John R. Pawley									
Debt	or 2	First Name	Mi	ddle Name		Last Name					
	se if, filing)	First Name	Mi	ddle Name		Last Name					
Unite	ed States Ba	nkruptcy Court for the:	NORTI	HERN DISTRIC	T OF ILL	INOIS					
Case	number										
(if know	wn)								_	heck if this is an nended filing	
Sta Be as	complete a	of Financial and accurate as possore space is needed,	ible. If two	married peop	le are fili	ng together, bot	h are e	equally responsil		lying correct	2/1
Part	•	Details About Your Ma		s and Where Y	ou Live	d Before					
1. \	What is you	r current marital statu	us?								
[	☐ Married										
Ī	■ Not mar	ried									
2. [	Ouring the la	ast 3 years, have you	lived any	vhere other th	an where	you live now?					
ſ	□ No		-								
İ	_	t all of the places you	lived in the	last 3 years. Do	o not inclu	ude where you liv	e now.				
	Debtor 1 Pr	ior Address:		Dates Debto	r 1	Debtor 2 Pri	or Add	lress:		Dates Debtor 2	
				lived there						lived there	
	105 Indian Thornton,	wood Dr. IL 60476-1		From-To: <b>7/12</b>		☐ Same as D	ebtor 1			Same as Debtor From-To:	ř <b>1</b>
states	No Yes. Ma Explai  Did you have fill in the total f you are fillin  No	est 8 years, did you eres include Arizona, Canake sure you fill out Scanake sure you fill out Scanake sure you fill out for early income from eral amount of income you go a joint case and you in the details.	hedule H: Y  Ir Income  mploymen  ou received	t or from opera	Nevada,  (Official I	New Mexico, Pue Form 106H). usiness during tinesses, including	his yea	ar or the two preime activities.	gton and Wi	isconsin.)	nerty
-			Debtor 1					Debtor 2			
				of income	Gr	oss income		Debtor 2 Sources of inco	ome	Gross income	

Official Form 107

exclusions)

(before deductions and

Check all that apply.

Check all that apply.

(before deductions

and exclusions)

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Debtor 1 John R. Pawley

Description of the distribution of the di

5.	Include in and other	come regard public bene	dless of wheth fit payments;	er that income pensions; ren	tal income; intere	mples of <i>other</i> est; dividends;	<i>incom</i> e are money colle	alimony; child sup	; royalties; a	Security, unemployment, nd gambling and lottery
	List each	source and	the gross inco	me from each	source separate	ely. Do not incl	ude income	that you listed in I	ine 4.	
	□ No ■ Yes.	Fill in the de	etails.							
				Debtor 1 Sources of Describe bel		Gross incor (before dedu exclusions)		Debtor 2 Sources of in Describe below		Gross income (before deductions and exclusions)
		y 1 of curre filed for bar	nt year until nkruptcy:	Social Sec Disability	urity		\$892.00			
	r last caler anuary 1 to	dar year: December	31, 2015 )	2015 Socia Disability	al Security		\$6,237.00			
		dar year be December		2014 Socia Disability	al Security		\$9,600.00			
	□ No.	individual   During the   No.   Yes   * Subject	90 days before Go to line 7 List below expaid that crunt include to adjustment for Debtor 2 of the point and the control of the point o	re you filed for the editor. Do not payments to a con 4/01/16 ar	nily, or household r bankruptcy, did o whom you paid include payment an attorney for th nd every 3 years primarily consul	d purpose."  d you pay any of d a total of \$6,2 ts for domestic is bankruptcy of after that for c mer debts.	ereditor a tot 25* or more support oblicase. ases filed or	al of \$6,225* or m	ore?  ayments and  child support  of adjustmer	01(8) as "incurred by an the total amount you and alimony. Also, do
		During the	90 days belo	re you med to	i bankrupicy, die	i you pay arry c	reditor a tot	al of \$600 of filore	;	
		■ No. □ Yes	include pay	ach creditor to	nestic support ob					at creditor. Do not t include payments to an
	Creditor	s Name and	d Address	C	Dates of paymer	nt Tota	l amount paid	Amount you still owe	Was this	payment for
7.	Insiders in of which y a busines alimony.	iclude your i ou are an of s you operat	elatives; any ficer, director te as a sole p	general partno , person in con oprietor. 11 U	ers; relatives of a ntrol, or owner of	any general par f 20% or more	a debt you of tners; partnoof their votin	owed anyone wherships of which y	ou are a gen any managin	eral partner; corporations g agent, including one for
		Name and	nents to an in		Dates of paymer	nt Tota	l amount	Amount vou	Resear	for this navment
	maider S	ivanie and	Auuless	L	ates of paymer	n iota	paid	Amount you still owe	Neason	for this payment

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Case number (if known) Document Debtor 1 John R. Pawley

8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos		ments or transfer a	ny property on a	eccount of a de	ebt that benefited an
	■ No □ Yes. List all payments to an insider	3,				
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment litor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	■ No □ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	<ul> <li>Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or lev Check all that apply and fill in the details below.</li> <li>No</li> <li>Yes. Fill in the information below.</li> </ul>					
	Creditor Name and Address  Describe the Property  Date  Value of to prope  Explain what happened					
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment become No Yes. Fill in the details.  Creditor Name and Address				amounts from your	
12.	<ul> <li>Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?</li> <li>No</li> <li>Yes</li> </ul>				efit of creditors, a	
Par	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift.		s with a total value o			
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and	Describe the gifts		the g	s you gave lifts	Value
14.	Address:  Within 2 years before you filed for bankrup  ■ No □ Yes. Fill in the details for each gift or con		s or contributions w	vith a total value	of more than	\$600 to any charity
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		contributed		s you ributed	Value
Par	t 6: List Certain Losses					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

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Document Page 43 of 62 Case number (if known) Debtor 1 John R. Pawley or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You David M. Siegel & Associates **Attorney Fees** 7/7/15-3/4/16 \$800.00 790 Chaddick Drive Wheeling, IL 60090 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Yes. Fill in the details.

Person's relationship to you

Name of trust Description and value of the property transferred **Date Transfer was** made

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Debtor 1 John R. Pawley

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Case number (if known)

Pa	List of Certain Financial Accounts, In	nstruments, Safe Depos	it Boxes, and S	torage Uni	ts			
20.	Within 1 year before you filed for bankruptout sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, associated to the solution of the so	or other financial accou	ınts; certificates	s of depos				
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	• • • • • • • • • • • • • • • • • • • •		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	r bankruptcy, a	ny safe de	posit box or other depos	itory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Have you stored property in a storage unit  No Yes. Fill in the details.	or place other than you	r home within 1	l year befo	re you filed for bankrupt	су		
	Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it?  Address (Number, Street, City, State and ZIP Code)				the contents	Do you still have it?		
Pa	rt 9: Identify Property You Hold or Contro	I for Someone Else						
23.	Do you hold or control any property that so for someone.	omeone else owns? Inc	lude any proper	rty you bor	rowed from, are storing	for, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	the property	Value		
Pa	rt 10: Give Details About Environmental Inf	formation						
For	the purpose of Part 10, the following definit	ions apply:						
	Environmental law means any federal, state toxic substances, wastes, or material into the regulations controlling the cleanup of thes	the air, land, soil, surfac	e water, ground					
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.							
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.							
Rep	port all notices, releases, and proceedings th	nat you know about, reg	ardless of whe	n they occ	urred.			
24.	Has any governmental unit notified you that	at you may be liable or p	otentially liable	under or i	in violation of an environ	mental law?		
	■ No □ Yes. Fill in the details.							
	Name of site	Governmental ur	nit	Envir	onmental law, if you	Date of notice		

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

Del	otor 1	Case 16-08712 Doc John R. Pawley	1 F	Filed 03/14/16 Document	Entered 0 Page 45 of	03/14/16 15:43 f 62 Case number (if know		<b>//ain</b> 3/14/16 3:24Pf
		-				Case Hamber (II Allos		
25.	Have	e you notified any governmental uni	t of an	y release of hazardo	us material?			
		Yes. Fill in the details.						
		ne of site dress (Number, Street, City, State and ZIP Coo	le)	Governmental ur Address (Number, S ZIP Code)		Environmental know it	law, if you	Date of notice
26.	Have	e you been a party in any judicial or	admin	istrative proceeding	under any envi	ronmental law? Inc	lude settlements a	nd orders.
		No Yes. Fill in the details.						
Par		se Title se Number		Court or agency Name Address (Number, State and ZIP Code)	Street, City,	Nature of the case		Status of the case
Par	t 11:	Give Details About Your Business	or Co	nnections to Any Bu	siness			
		☐ A sole proprietor or self-employ ☐ A member of a limited liability of ☐ A partner in a partnership ☐ An officer, director, or managing ☐ An owner of at least 5% of the volume. No. None of the above applies. Go Yes. Check all that apply above and siness Name	g execu oting o to Part	y (LLC) or limited lia utive of a corporation r equity securities on t 12.	bility partnershing a corporation reach business	ip (LLP) s. Employer Ide	ntification number	
		dress nber, Street, City, State and ZIP Code)	N	ame of accountant o	or bookkeeper	Do not includ	e Social Security r ss existed	number or ITIN.
28.		nin 2 years before you filed for bank tutions, creditors, or other parties. No Yes. Fill in the details below.	ruptcy,	did you give a finar	cial statement t	o anyone about yo	ur business? Inclu	de all financial
		ne dress nber, Street, City, State and ZIP Code)	D	ate Issued				
Par	t 12:	Sign Below						
are vith	true a a ba	ad the answers on this <i>Statement</i> or and correct. I understand that makin inkruptcy case can result in fines up §§ 152, 1341, 1519, and 3571.	g a fal	se statement, conce	aling property,	or obtaining money		

/s/ Jo	ohn R. Pawley	
John	R. Pawley	Signature of Debtor 2
Signa	ture of Debtor 1	
Date	March 14, 2016	Date
Did yo ■ No	u attach additional pages to Your S	tatement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
☐ Yes	3	
Did yo	u pay or agree to pay someone wh	is not an attorney to help you fill out bankruptcy forms?
No		

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Case number (if known) Document Debtor 1 John R. Pawley

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Fill in this infor				
Debtor 1	John R. Pawley			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing

#### Official Form 108

### **Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	L No
Description of	Retain the property and enter into a  Reaffirmation Agreement.	□Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Page 48 of 62 Document Debtor 1 John R. Pawley Case number (if known) name: ☐ Yes ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Description of Reaffirmation Agreement. property ☐ Retain the property and [explain]: securing debt: Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: James Elkins (Landlord) ☐ No Yes Description of leased Monthly Property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease. X /s/ John R. Pawley

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John R. Pawley
Signature of Debtor 1

Signature of Debtor 2

Date March 14, 2016

Date

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	r 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

3/14/16 3:24PM

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-08712 Doc 1 Filed 03/14/16 Entered 03/14/16 15:43:31 Desc Main Document Page 53 of 62

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

In r	e John R. Pawl	ev		Case No.	
		3,	Debtor(s)	Chapter	7
	DIS	SCLOSURE OF CO	MPENSATION OF ATTORN	NEY FOR DE	EBTOR(S)
1.	compensation paid t	to me within one year before	P. 2016(b), I certify that I am the attorney the filing of the petition in bankruptcy, or eplation of or in connection with the bankruptcy.	agreed to be paid	to me, for services rendered or to
					1,350.00
	Prior to the filing	ng of this statement I have re	eceived	\$	800.00
	Balance Due			\$	550.00
2.	The source of the co	ompensation paid to me was:	:		
	Debtor	☐ Other (specify):			
3.	The source of compo	ensation to be paid to me is:			
	Debtor	☐ Other (specify):			
4.	■ I have not agree	d to share the above-disclose	ed compensation with any other person un	less they are mem	bers and associates of my law firm.
			compensation with a person or persons who of the names of the people sharing in the co		
5.	In return for the abo	ove-disclosed fee, I have agree	eed to render legal service for all aspects of	of the bankruptcy of	ase, including:
	<ul> <li>b. Preparation and a</li> <li>c. Representation of</li> <li>d. [Other provision Negotiation agreement</li> </ul>	filing of any petition, schedu of the debtor at the meeting of s as needed] ons with secured credito	nd rendering advice to the debtor in deterrules, statement of affairs and plan which most creditors and confirmation hearing, and ors to reduce to market value; exemple exemple exemple exemple exemple exemple goods.	nay be required; any adjourned hea nption planning;	rings thereof;
6.	Represen		closed fee does not include the following so any dischargeability actions, judicia roceeding.		es (except in Chapter 13
			CERTIFICATION		
this	I certify that the forebankruptcy proceeding	egoing is a complete statemeng.	ent of any agreement or arrangement for pa	ayment to me for re	epresentation of the debtor(s) in
ı	March 14, 2016		/s/ David M. Siegel		
1	Date		David M. Siegel		
			Signature of Attorney  David M. Siegel & A	Associates	
			790 Chaddick Drive	)	
			Wheeling, IL 60090 (847) 520-8100		

Name of law firm

#### Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
  - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
  - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
  - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
  - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

#### **Important Bankruptcy Information**

#### **Debts that are Discharged**

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

#### **Debts that are Not Discharged**

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

a) Debts for most taxes;

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- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;

The FLAT FEE for representation in this matter will be \$

h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

1350

-	as read this agreement in its entirety, understands it fully, has had an ng this agreement, is satisfied with it, and accepts it in its entirety.
Date: 3/14/16	Signed: John Pawley
	Print: John Pawley
Date:	Signed:
	Print:
Date: 310416	Signed: Attorney for David M. Siegel

## **United States Bankruptcy Court**Northern District of Illinois

		Not then District of Inhibis		
In re	John R. Pawley		Case No.	
		Debtor(s)	Chapter	7
	VE	CRIFICATION OF CREDITOR N	MATRIX	
		Number o	of Creditors:	52
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	litors is true and	correct to the best of my
Date:	March 14, 2016	/s/ John R. Pawley John R. Pawley Signature of Debtor		

AllianceOne Bankruptcy Department 4850 Street Road, Suite 300 Trevose, PA 19053

AT&T Bankruptcy Dept 6021 S. Rio Grande Ave, 1st Floor Orlando, FL 32809-4613

AT&T Bankruptcy Dept. 1585 Waukegan Road Waukegan, IL 60085-6727

AT&T Bankruptcy Dept. 5407 Andrew Highway Midland, TX 79706

B45P Preferred Inpt Medical PG PO Box 26069 Tampa, FL 33623-6069

B54p Preferred Inpt Medical Pg PO Box 26069 Tampa, FL 33623-6069

Cap One Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285

Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130

Capital One Bank USA PO Box 30281 Salt Lake City, UT 84130-0281

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238 Capital One, N.A. PO Box 71083 Charlotte, NC 28272-1083

Carmax Auto Finance PO Box 440609 Kennesaw, GA 30160

Castle Pay Day PO Box 259 Watersmeet, MI 49969

CCS/First National Bank 500 E. 60th St. Sioux Falls, SD 57104

Chase Card
Bankruptcy Department
PO Box 15298
Wilmington, DE 19850

Citi Attn: Bankruptcy Department PO Box 6241 Sioux Falls, SD 57717

Citi PO Box 6500 Sioux Falls, SD 57117-6500

Citibank NA PO Box 769006 San Antonio, TX 78245

Commonwealth Edison Bankruptcy Department 2100 Swift Drive Oak Brook, IL 60523-1559

Commonwealth Edison
Bankruptcy Department
3 Lincoln Center
Oak Brook Terrace, IL 60181-4204

Commonwealth Edison PO Box 6111 Carol Stream, IL 60197-6111

Coventry Health Care Attn: Bankruptcy Department PO Box 2778 Bismarck, ND 58502

Diversified Consultants 10550 Deerwood Park Blvd Jacksonville, FL 32256-0596

First National CC (Legacy Visa) Bankruptcy Department PO Box 5097 Sioux Falls, SD 57117-5097

First Premier Bank Bankruptcy Department PO Box 5523 Sioux Falls, SD 57117

First Premier Bank 3820 N. Louise Ave. Sioux Falls, SD 57107

GC Services Collection Agency Dept. PO Box 1389 Copperas Cove, TX 76522-5389

Gress Chiropractic Clinic 855 Maple Washington Park Center Homewood, IL 60430

IL Center for Digestive and Liver H Flox Glen Gastro & Lakeview Digesti 200 Fox Glen Court Barrington, IL 60010

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338 Illinois Department of Revenue Bankruptcy Section Level 7-425 100 W. Randolph St. Chicago, IL 60601

Lincoln Park Anes Pain Mgt PO Box 1123 Jackson, MI 49204

Linebarger Goggan Blair & Sampson Attorneys at Law PO Box 06140 Chicago, IL 60606-0140

LTD Financial Services, LP 7322 Southwest Freeway, Suite 1600 Houston, TX 77074

MCC Payment Plan, Inc. 277 S. Bolingbrook road Bolingbrook, IL 60440

Merchants Credit Guide Co PO Box 1259 Oaks, PA 19456

Mercy Physician Billing 35072 Eagle Way Chicago, IL 60678-1350

Merrick Bank 10705 S. Jordan Gtwy Ste. 200 South Jordan, UT 84095

Midwest Imaging Professionals PO Box 23831 Pittsburgh, PA 15250-7863

MiraMed Revenue Group 991 Oak Creek Drive Lombard, IL 60148 Nicor Gas ALL MAIL GOES TO Bankruptcy Dept. PO Box 190 Aurora, IL 60507-0190

Pasi PO Box 188 Brentwood, TN 37024-0188

Pathology Chp, S.C. PO Box 1509 Elgin, IL 60121-1509

Presence Health
Patient Financial Services
1643 Lewis Ave, Ste 203
Billings, MT 59102-4151

Presence Service Corporation Attn: Presence Medical Group 19 Mollison Way Lewiston, ME 04240-5805

Resurrection Health Care Attn: Presence Medical Group 19 Mollison Way Lewiston, ME 04240

Rush University medical Center 1725 W Harrison St. Professional Building I Chicago, IL 60612

Sure Safe Storage 728 N. Indiana Avenue Englewood, FL 34223

The Il Center for Digestive & Liver 200 Fox Glen Court Barrington, IL 60010-1809

Transworld Systems Inc. 507 Prudential Rd. Horsham, PA 19044

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Venice Regional Medical Center 540 The Rialto Venice, FL 34285

Verizon
Bankruptcy Nat'l Recovery Dept
PO Box 26055
Minneapolis, MN 55426